

# **Cumulative Hazard Assessment for Ambient Air Toxics in Cook County IL and Lake County IN**

## **Participants, scoping, conduct and product**

November 5, 2002

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# Outline

1. Terminology
2. Cumulative Risk Initiative (CRI) and CRI Cumulative Hazard Assessment: background, participants, scoping, conduct, finish
3. Assessment methods; results not yet public per agreement
4. Preliminary lessons learned
5. Summary

# Terminology – project name changes

- 1996-1999: overall 4-part project = Chicago Cumulative Risk Initiative (CCRI)
- 2000: name changed to Cumulative Risk Initiative (CRI) for Cook County IL and Lake County IN
- 2002: new name??

# Terminology (ctd.)

**Stakeholder** - “An interested or affected party in an ongoing or contemplated project (usually involving a group or team planning the project, analyzing one or more problems, and making decisions for possible actions based on the interpretation of that analysis).”

(USEPA Framework for Cumulative Risk Assessment, 4/23/2002 draft)

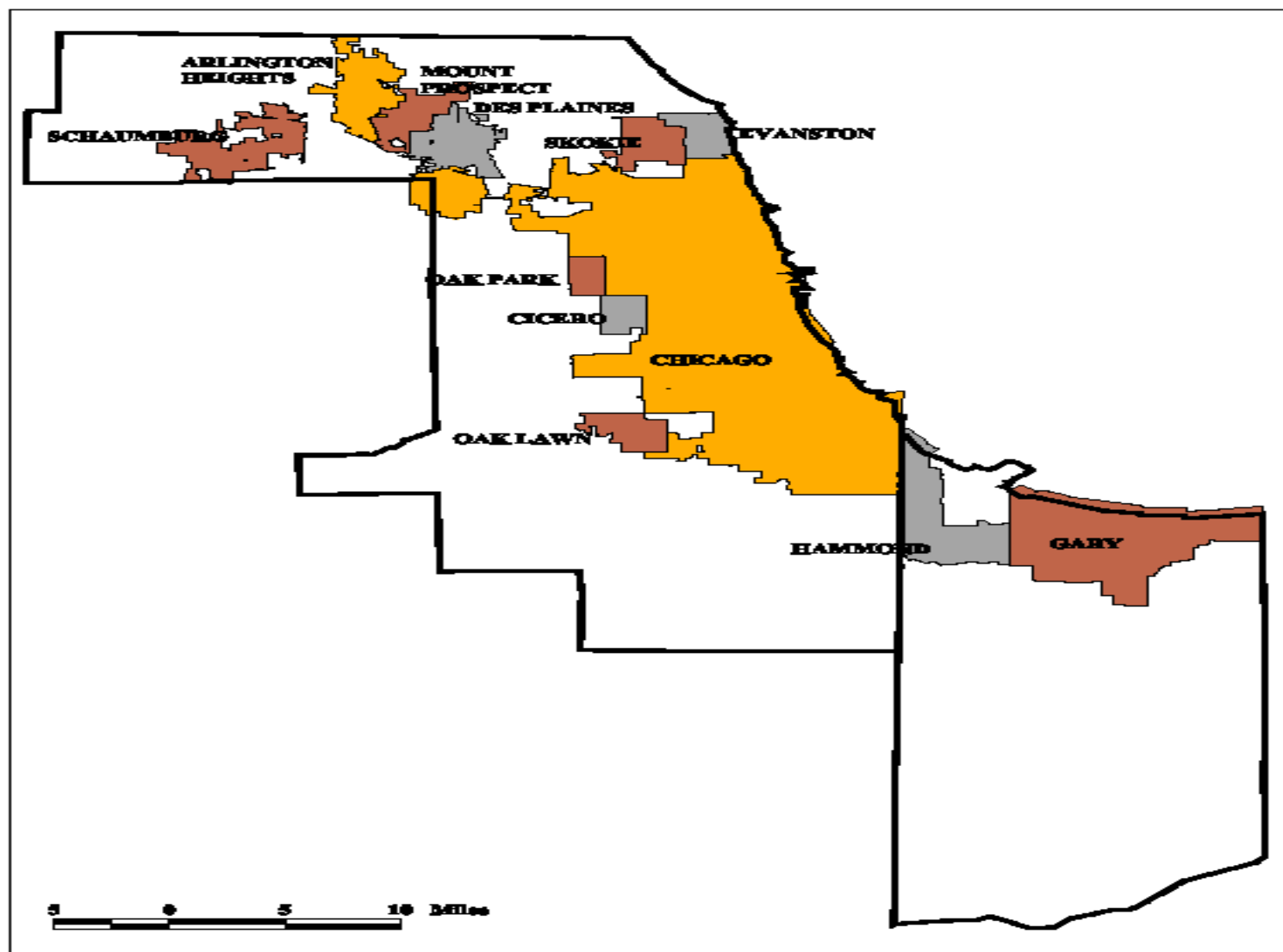
# Terminology (ctd.)

**Participant** - “one that participates”  
[participate: to take part] (Webster’s  
Ninth New Collegiate Dictionary)

# Cumulative Risk Initiative (CRI) background

- CRI resulted from 1995-1996 TSCA Petition to Administrator
- Petition focused on lack of cumulative effects consideration in siting and permitting of multiple incinerators in Cook (IL) and Lake (IN) counties
- Petition denied but USEPA felt issues were compelling, proposed broader project
- 1997 SPC Guidance on Cumulative Risk Planning-Scoping: CRI case study

# Study Area



**Map 2.1 Municipalities in Cook County, IL and Lake County, IN with Greater than 50,000 Population in 1990**

Source: Based on information from U.S. Bureau of the Census.

# Petitioner participants (represented by Chicago Legal Clinic)

- People for Community Recovery
- Lake Michigan Federation
- Grand Calumet Task Force
- Center for Neighborhood Technology
- Citizens for a Better Environment
- Southeast Environmental Task Force
- South Cook County Environmental Action Coalition
- Human Action Community Organization
- South Suburban Citizens Opposed to Polluting Our Environment
- Lyons Incinerator Opponent Network
- Westside Alliance for a Safe Toxic-Free Environment



# Governmental participants

- Illinois Environmental Protection Agency
- Indiana Department of Environmental Management
- Illinois and Indiana Depts. of Public Health
- City of Chicago
- Cook County
- E. Chicago, IN

USEPA offices:

- Pesticides, Prevention and Toxic Substances
- Planning, Economics and Innovation
- Air Quality Planning and Standards
- Civil Rights
- Research and Development
- Region 5
- Others initially!

Argonne National Laboratory  
(interagency agreement with USEPA)

# Assessment participant process “phases”

- **Early** (scoping) 1996-9: Petitioners, OPPT, OEJ, OA, OGC, OAQPS, OPPE, OSWER, SAB, SPC/ORD, OW, OCR, R5, Argonne, others?
- **Middle** (conduct) 1999-2000: Petitioners, states, locals, OAQPS, OPEI, OCR, Argonne, R5
- **Late** (peer review/finish) 2001-2: external peer reviewers, Argonne, R5, others intermittently

# CRI scoping

- Choose cumulative rather than comparative evaluation
- Exclusions: ecological assessment, non-Petitioner public, industry
- Settle on basic structure of study, use 1997 SPC Guidance

# CRI components

1. Environmental Loadings Profile  
(multimedia pollution and emissions inventory)
2. Petitioner workshops and meetings  
(planning, scoping)
3. **Cumulative [“Hazard”] Assessment**
4. Risk/hazard management response

# CRI scoping – from risk to “hazard”

Ultimate interest in “hazard” rather than “risk”:

- Petitioners wanted something relevant for entire study area, not one or two neighborhoods
- Forced by resource and information limitations
- Some negative experience with “risk” assessment

# Assessment goals

- Better understand environmental conditions in Cook and Lake counties
- Improve stakeholder dialogue
- Develop cumulative assessment methods
- Inform program priorities and resource allocation decisions [use Assessment as **prioritization tool**, not a health evaluation]

# Assessment – scoping

- “Early” participant process phase
- Initial focus: cumulative risk assessment
- Later focus: hazard assessment of outdoor “air toxics” (in part due to Loadings Profile results; whole study area, not just 1 or 2 neighborhoods; unhappy experience with local risk assessment)

# Assessment – scoping (ctd.)

- Rely on already available, “off-the-shelf” information
- Focus on EPA-regulated sources
- Focus on children
- Don’t try to link pollutant and disease information
- Some diseases excluded due to data inaccessibility or gaps



# Assessment – scoping (ctd.)

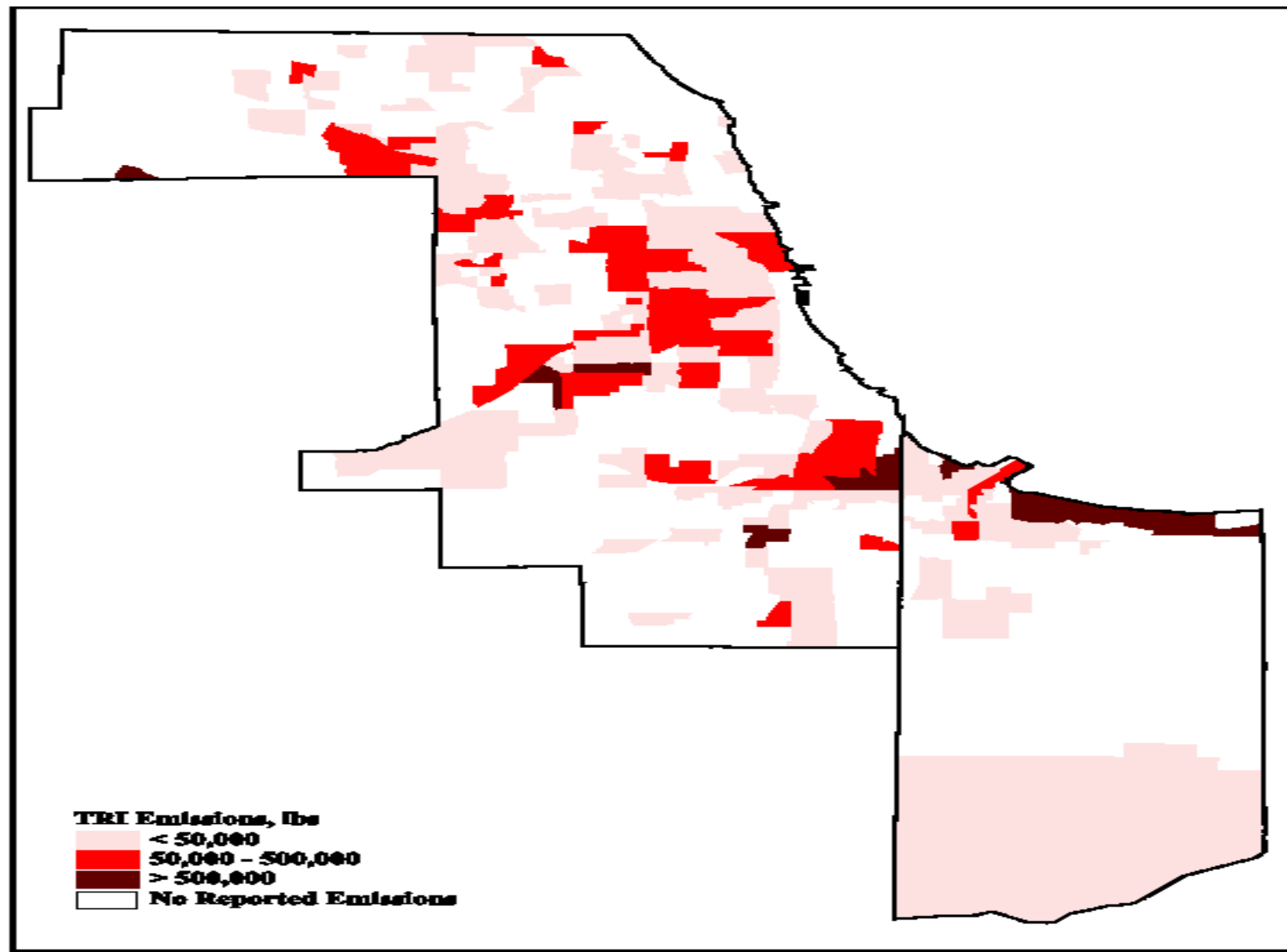
## Other excluded topics:

- Human exposure assessment
- Indoor air
- Ingestion and dermal hazard
- Microbial agents
- Genetic susceptibilities
- Lifestyle hazards (e.g. obesity, tobacco, inactivity)
- “Social hazards” (e.g. poverty, lack of healthcare access, violence, “stress”)

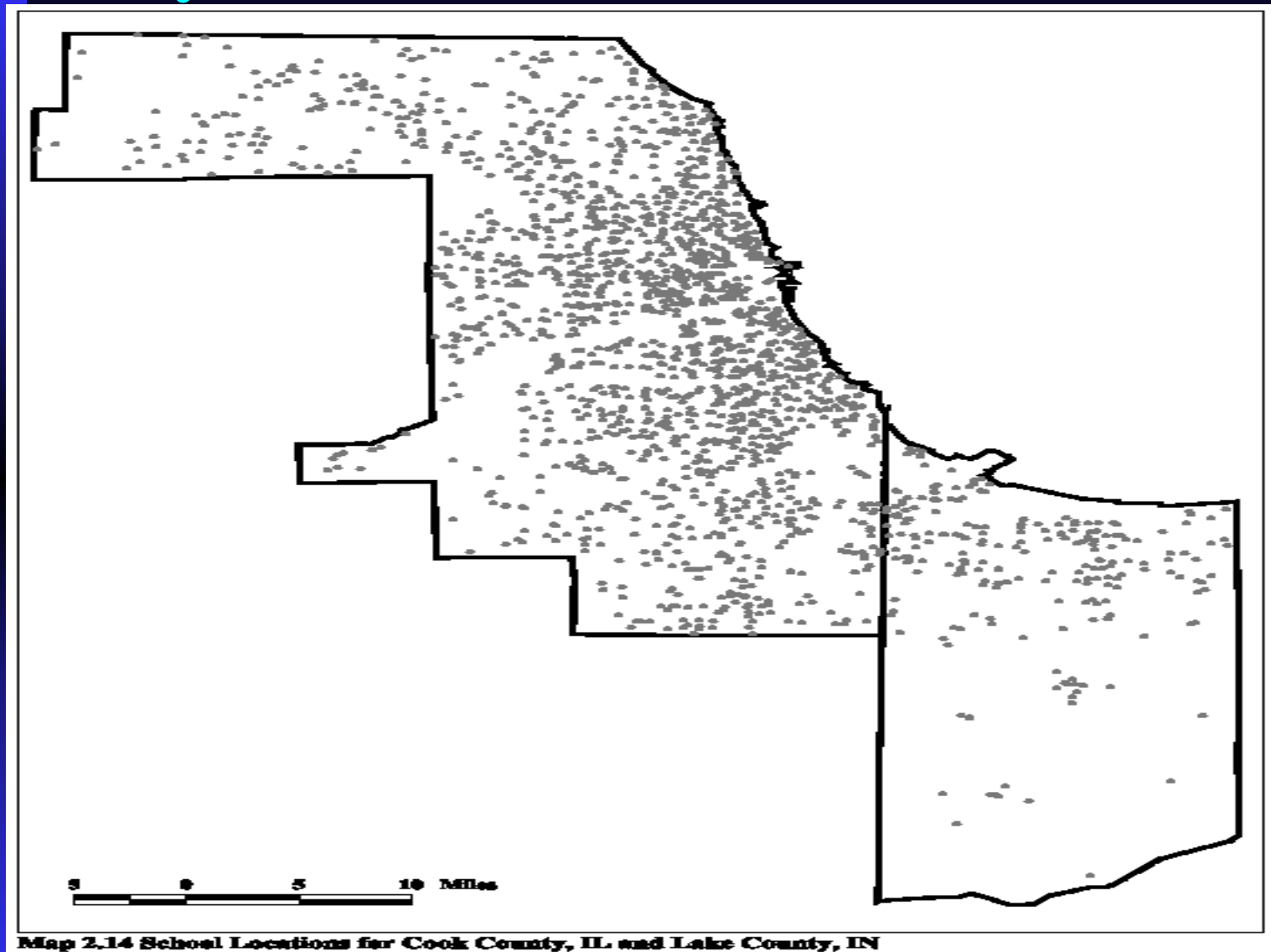
# Assessment – scope

- Cumulative human inhalation hazard of USEPA-regulated outdoor air toxics in study area
- Use available, “off-the-shelf” data and information
- Focus on EPA-regulated sources
- Address children’s focus indirectly with “overlays” of disease maps, pollution data

# Mapped 1996 TRI data



# Study area school locations



# Assessment – conduct

- “Middle” participant process phase
- Initial Argonne chapter drafts (n=11)
- Technical Review Workgroup of “middle phase” participants reviewed Argonne drafts
- In-person and conference call reviews for comments on drafts
- Written and discussion comments processed and used by Argonne, R5 workgroup to prepare Assessment peer review draft

# Assessment methods

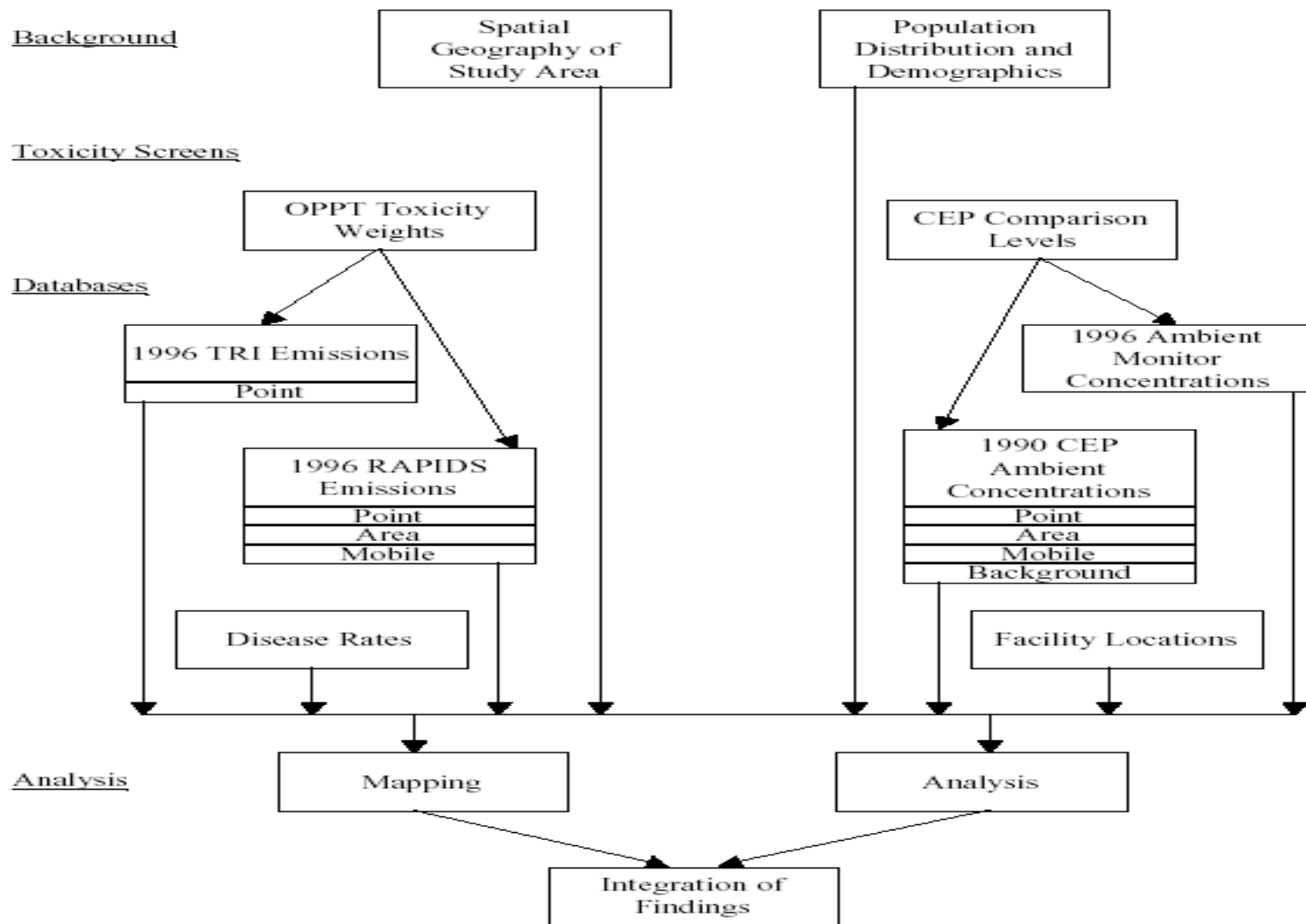


Figure 1.2 Overview of Screening Assessment Process

# Assessment results – general format

- Maps - hazard “density” mapped in a geographic area or ranked by pollutant, source sector (point, area, mobile), industrial sector (e.g. primary metals, chemical refineries), some individual point sources
- Figures, pie charts, graphs, tables, etc.

# Assessment – peer review

- “Late” participant process phase
- Peer review (PR) draft and charge submitted to external reviewers
- Obtain and discuss preliminary comments; R5-Argonne provide final written input to reviewers, obtain final written PR comments
- Argonne-R5 respond to PR comments, prepare comment-response document & final draft



# Assessment – finish

- Develop communication materials (summaries, Q&A, fact sheets)
- Present final Assessment to Programs, R5 management, states, locals; agree on risk/hazard management step(s)
- Print Assessment and present to Petitioners, place on website

# How did participants influence CRI scope and direction?

## By defining analytic/deliberative parameters:

1. **Petitioners identified cumulative assessment issue**
2. **Non-Petitioner public and industry excluded from process**
3. **Focus on hazard, not risk; “air toxics” inhalation; children’s health**
4. **Assessment design: “off-the-shelf” information, inclusion of health information not “connected” with pollution; other excluded topics**

# How did participants influence CRI scope and direction? (ctd.)

Through participant technical review process:

- Much debate; e.g. Assessment objectives; CEP inclusion; age of data; toxicity issues; facility locations
- City of Chicago interest in airports led to reanalysis and remapping of tox-weighted emissions

# How did participants influence CRI direction? (ctd.)

Through external peer review process:

- Peer review of “community designed” projects: external reviewers didn’t accept all scope decisions and design constraints (charge defect? Technical review/stakeholder-designed project mismatch?)

# Some Preliminary Lessons Learned

## Deliberative:

- Excluding stakeholders is risky
- Big project, big management needs
- Closure plans helpful?
- Peer review of “stakeholder designs”?

## Analytic:

- Long scoping effort narrowed Assessment
- GIS mapping (quartiles; “false precision”)
- Data: accuracy; age; gaps

# One “take home message” summary:

- Long planning-scoping phase redirected Assessment from risk evaluation to prioritization tool
- Big projects → big technical and managerial needs
- Matching analysis with large deliberative group's study design: iterative and resource intensive
- “Combining” disparate data and information is difficult – could just presenting it suffice in some cases?